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Bib Data Sheet

CONFIRMATION NO. 7848

<b>SERIAL NUMBER</b> 09/730,299	<b>FILING DATE</b> 12/05/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161 3626	<b>ATTORNEY DOCKET NO.</b> healre01.012	
<b>APPLICANTS</b> Kenneth H. Falchuk, Newton, MA; Jose A. Halperin, Brookline, MA;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/818,155 03/14/1997 PAT 6,256,613 } OK 2P WHICH IS A CIP OF 09/410,377 09/30/1999 PAT 6,293,808					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 12/20/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>APass</u> Examiner's Signature <u>JP</u> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> <del>18</del> 4	<b>INDEPENDENT CLAIMS</b> <del>2</del> 1
<b>ADDRESS</b> 000025247					
<b>TITLE</b> Medical consultation management system					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		